

URGENT – DELIVER IMMEDIATELY

FAX this form (no cover sheet) IMMEDIATELY to:

- Headquarters Office of Safety and Health @ 916-227-2639, CALNET 8-498-2639
- Construction Program Manager/Safety Officer @ (916) 654-6345, CALNET 8-464-6345
- District Construction Safety Coordinator @ _____

Follow district procedure for notifying personnel within your area. Completion of this form does not relieve the federal and Cal/OSHA reporting requirements. See the construction and safety manuals for more information on reporting requirements.

Report

Report Date ____/____/____ Report Time ____:____ ☐AM ☐PM
☐Initial Report ☐Updated Report ☐Final Report

Person Preparing Report _____ Phone # (____) - ____ - ____

Incident Site Information

Incident Date ____/____/____ Incident Time ____:____ ☐AM ☐PM
Location: District/Co./Rte/Kilo or Mile Post Direction: ☐NB ☐SB ☐EB ☐WB

_____/____/____/____ Weather _____

Resident Engineer _____ Phone # _____

Prime Contractor _____ Contract # _____

Is incident within a construction zone? ☐Yes ☐No

Describe nature of work: _____

CHP Officer: I.D.# _____ CHP Report # _____

	STATE	CONSULTANT	CONTRACTOR	PUBLIC
FATAL				
SERIOUS				

Name of Hospital: _____

Description (facts only–use additional sheet if necessary)
